

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -1 PM 4:16

REINSTATEMENT 06



10062006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000057240	
1. Entity Name NATIONSWAY MORTGAGE SERVICES, INC.	



Principal Place of Business 5511 NW 88 TERRACE CORAL SPRINGS, FL 33067	Mailing Address 5511 NW 88 TERRACE CORAL SPRINGS, FL 33067
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2. Principal Place of Business 4308 NW 103 Avenue	3. Mailing Address 4308 NW 103 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sunrise, Florida	City & State Sunrise, Florida
Zip 33351	Zip 33351
Country USA	Country USA

6. Name and Address of Current Registered Agent FERGUSON, CARLTON 5511 NW 88 TERRACE CORAL SPRINGS, FL 33067		7. Name and Address of New Registered Agent Name Ferguson, Joan Street Address (P.O. Box Number is Not Acceptable) 4308 NW 103 Avenue City Sunrise FL Zip Code 33351	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE Joan Ferguson 11-30-06
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NO. 1111 FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FERGUSON, CARLTON 5511 NW 88 TERRACE CORAL SPRINGS, FL 33067 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Ferguson, Joan 4308 NW 103 Avenue Sunrise, FL 33351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800082209588 12/01/05--01040--015 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan Ferguson 11-30-06 (954) 347-8068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #